

**COMBINED NOTICE OF APPEAL FROM THE PRIMARY EXAMINER TO THE
BOARD OF PATENT APPEALS AND INTERFERENCES & PETITION FOR
EXTENSION OF TIME UNDER 37 C.F.R. 1.136(a) (Large Entity)**

Docket No.
17703

In Re Application Of: **Maria Cristina Geroni, et al.**

| Application No. | Filing Date | Examiner | Customer No. | Group Art Unit | Confirmation No. |
|-----------------|-------------|----------------|--------------|----------------|------------------|
| 10/500,606 | May 5, 2005 | Walter E. Webb | 23389 | 1612 | 4724 |

Invention: **COMBINED THERAPY AGAINST TUMORS COMPRISING SUBSTITUTED ACRYLOYL
DISTAMYCIN DERIVATIVES AND PROTEIN KINASE (SERINE/THREONINE KINASE) INHIBITORS**

COMMISSIONER FOR PATENTS:

This is a combined Notice of Appeal from the Primary Examiner to the Board of Patent Appeals and Interferences and petition under the provisions of 37 CFR 1.136(a) to extend the period for filing a response to the Office Action of June 23, 2010 in the above-identified application.

Date

Applicant(s) hereby appeal(s) to the Board of Patent Appeals and Interferences from the decision of the Primary Examiner dated **June 23, 2010** finally rejecting Claim(s) **1, 5-9, 13-15, 24-27, 31 and 32**

Applicant(s) hereby request(s) an extension of time of (check desired time period):

☒ One month ☐ Two months ☐ Three months ☐ Four months ☐ Five months

from: September 23, 2010 until: October 23, 2010 (Saturday)

Date

Date

The fee for the Notice of Appeal and Extension of Time has been calculated as shown below:

Fee for Notice of Appeal: \$540.00

Fee for Extension of Time: \$130.00

TOTAL FEE FOR NOTICE OF APPEAL AND EXTENSION OF TIME: \$670.00

The fee for the Notice of Appeal and extension of time is to be paid as follows:

- ☐ A check in the amount of _____ for the Notice of Appeal and extension of time is enclosed.
- ☒ Please charge Deposit Account No. **191013** in the amount of **\$670.00**
- ☒ The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. **191013**
- ☒ Any additional filing fees required under 37 C.F.R. 1.16.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☐ If an additional extension of time is required, please consider this a petition therefor and charge any additional fees which may be required to Deposit Account No. _____
- ☐ Payment by credit card. Form PTO-2038 is attached.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**COMBINED NOTICE OF APPEAL FROM THE PRIMARY EXAMINER TO THE
BOARD OF PATENT APPEALS AND INTERFERENCES & PETITION FOR
EXTENSION OF TIME UNDER 37 C.F.R. 1.136(a) (Large Entity)**

Docket No.
17703

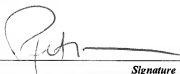
In Re Application Of: **Maria Cristina Geroni, et al.**

| Application No. | Filing Date | Examiner | Customer No. | Group Art Unit | Confirmation No. |
|-----------------|-------------|----------------|--------------|----------------|------------------|
| 10/500,606 | May 5, 2005 | Walter E. Webb | 23389 | 1612 | 4724 |

Invention: **COMBINED THERAPY AGAINST TUMORS COMPRISING SUBSTITUTED ACRYLOYL DISTAMYCIN
DERIVATIVES AND PROTEIN KINASE (SERINE/THREONINE KINASE) INHIBITORS**

TO THE COMMISSIONER FOR PATENTS:

This combined Notice of Appeal from the Primary Examiner to the Board of Patent Appeals and Interferences and petition for extension of time under 37 CFR 1.136(a) is respectfully submitted by the undersigned:



Signature

Dated: October 22, 2010

Peter I. Bernstein
Registration No. 43,497
SCULLY, SCOTT, MURPHY & PRESSER, P.C.
400 Garden City Plaza, Suite 300
Garden City, NY 11530
516-742-4343 Telephone
516-742-4366 Fax

Certificate of Transmission by Facsimile*

I certify that this document and authorization to charge deposit account is being facsimile transmitted to the United States Patent and Trademark Office
(Fax no. _____) on _____
(Date)

Signature

Typed or Printed Name of Person Signing Certificate

*This certificate may only be used if paying by deposit account.

Certificate of Mailing

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____
(Date)

Signature of Person Mailing Correspondence

Typed or Printed Name of Person Mailing Correspondence

CC:

PIB/MJC/ech